# Data Management Report

August 2017

# **Quality Management**

Data Management Report

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### A Demographics for HCBS Waiver Recipients

### Data Source:

DIDD SERVICE CENSUS\*

Total receiving DIDD funded services

The source of this data is CS Tracking. "Monthly active participants" indicates the # of active cost plans for the last day of the reporting month. The "Unduplicated waiver participants" is a calendar year count of total waiver participants from Jan 1 to the last day of the reporting month. It refers to 1915c HCBS Waiver application(s) which state that DIDD has specified as unduplicated participants as the "maximum number of waiver participants who are served in each year that the waiver is in effect."

Statewide Waiver Monthly Active Participants												
Fact	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
East	1974											
Middle	1876											
West	1101											
Statewide	4951	0	0	0	0	0	0	0	0	0	0	(
Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-1
Approved waiver participants per calendar year.	5135	5135	5135	5135	5135	5135	5135	5135	5135	5135	5135	513
Unduplicated waiver participants.	5050											
# of slots remaining for calendar year	85											
CAC Waiver Monthly Active Participants	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-1
East	457	3									3	
Middle	496											
West	721											
Statewide	1674	0	0	0	0	0	0	0	0	0	0	
Calendar Year Unduplicated Participants (Jan 1 to		A 17	C 17	0-1-17	N 17	D 17	la - 10	F-L 10	Mar. 10	A :- :- 10	May 10	l 1
last day of reporting month) Approved waiver participants per calendar year.	Jul-17 1923	Aug-17 1923	Sep-17 1923	Oct-17 1923	Nov-17 1923	Dec-17 1923	Jan-18 1923	Feb-18 1923	Mar-18 1923	Apr-18 1923		Jun-1 192
Unduplicated waiver participants.	1728											
# of slots remaining for calendar year	195											
SD Waiver Monthly Active Participants	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
East	384	, ta.g 17	000	000 17	1100 17	200 17	54.1.15	. 55 .6	17101 10	7 (01 10	iviaj ie	34111
Middle	450											
West	355											
Statewide	1189	0	0	0	0	0	0	0	0	0	0	(
Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Approved waiver participants per calendar year.	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802
Unduplicated waiver participants.	1230											
# of slots remaining for calendar year	572											
The Census for "Full State Funded Service include class members receiving state fur		-	-			services, v	vithout wa	iver or IC	F funded	services.	This does	s not
DIDD Demographics Full State Funded (CS		. 7.003 WII	J. Josiae II	ar siriy								
Tracking)	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-1
East	3											
Middle	0										•	
Middle Wost	1											
West	1 5											
	1 5 3											
West HJC FAU (Forensic)		0	0	0	0	0	0	0	0	0	0	(
West HJC FAU (Forensic) HJC BSU (Behavior) Statewide	3 12		I.			·						
West HJC FAU (Forensic) HJC BSU (Behavior) Statewide  The Census in the table below represents	3 12		I.			·						
West HJC FAU (Forensic) HJC BSU (Behavior) Statewide	members o	f a protec	ted class	who are ii	n a private	e ICF/IID fa	icility and	receive D	IDD state	funded IS		s.
West HJC FAU (Forensic) HJC BSU (Behavior) Statewide  The Census in the table below represents DIDD recipients in private ICF/IID receiving	members o	f a protec	ted class	who are ii	n a private	e ICF/IID fa	icility and	receive D	IDD state	funded IS	6C services	s.
West HJC FAU (Forensic) HJC BSU (Behavior) Statewide  The Census in the table below represents DIDD recipients in private ICF/IID receiving state funded ISC srvs	members o	f a protec	ted class	who are ii	n a private	e ICF/IID fa	icility and	receive D	IDD state	funded IS	6C services	s.
West HJC FAU (Forensic) HJC BSU (Behavior) Statewide  The Census in the table below represents DIDD recipients in private ICF/IID receiving state funded ISC srvs East	members o	f a protec	ted class	who are ii	n a private	e ICF/IID fa	icility and	receive D	IDD state	funded IS	6C services	s.
West HJC FAU (Forensic) HJC BSU (Behavior) Statewide  The Census in the table below represents DIDD recipients in private ICF/IID receiving state funded ISC srvs East Middle West	3 12 members o Jul-17 0 0	f a protec	ted class	who are ii	n a private	e ICF/IID fa	icility and	receive D	Mar-18	funded IS	May-18	<b>S.</b> Jun-1
West HJC FAU (Forensic) HJC BSU (Behavior) Statewide  The Census in the table below represents DIDD recipients in private ICF/IID receiving state funded ISC srvs East Middle West Statewide  Developmental Center census	3 12 members o Jul-17 0 0 0 0 Jul-17	f a protect	Sep-17	who are in	n a private	Dec-17	Jan-18	receive D	Mar-18	funded IS Apr-18	May-18	S. Jun-1
West HJC FAU (Forensic) HJC BSU (Behavior) Statewide  The Census in the table below represents DIDD recipients in private ICF/IID receiving state funded ISC srvs East Middle West Statewide  Developmental Center census GVDC	3 12 members o  Jul-17 0 0 0 Jul-17 0 Jul-17 0	f a protect	Sep-17	Who are in Oct-17	n a private Nov-17	Dec-17	Jan-18	receive D Feb-18	Mar-18	funded IS  Apr-18	May-18	S. Jun-1
West HJC FAU (Forensic) HJC BSU (Behavior) Statewide  The Census in the table below represents DIDD recipients in private ICF/IID receiving state funded ISC srvs East Middle West Statewide  Developmental Center census GVDC HJC- Day One (ICF)	3 12 members o Jul-17 0 0 0 0 Jul-17	f a protect	Sep-17	Who are in Oct-17	n a private Nov-17	Dec-17	Jan-18	receive D Feb-18	Mar-18  Mar-18	funded IS  Apr-18	May-18  0  May-18	S. Jun-1 Jun-1
West HJC FAU (Forensic) HJC BSU (Behavior) Statewide  The Census in the table below represents DIDD recipients in private ICF/IID receiving state funded ISC srvs East Middle West Statewide  Developmental Center census GVDC HJC- Day One (ICF) Total	3 12 members o  Jul-17 0 0 0 0 Jul-17 0 6 6 6	Aug-17  Aug-17	Sep-17	Oct-17 Oct-17	Nov-17	Dec-17  Dec-17	Jan-18  Jan-18	receive D Feb-18 0	Mar-18  Mar-18	funded IS  Apr-18  0  Apr-18	May-18  0  May-18	S.  Jun-1
West HJC FAU (Forensic) HJC BSU (Behavior) Statewide  The Census in the table below represents DIDD recipients in private ICF/IID receiving state funded ISC srvs East Middle West Statewide  Developmental Center census GVDC HJC- Day One (ICF) Total  DIDD community homes ICF/IID census East	3 12  members o  Jul-17 0 0 0 Jul-17 0 6 6 6 Jul-17 64	Aug-17  Aug-17  O	Sep-17  Sep-17  O	Oct-17 Oct-17 O	Nov-17	Dec-17  Dec-17  O	Jan-18  Jan-18	receive D Feb-18  0 Feb-18	Mar-18  Mar-18	funded IS  Apr-18  0  Apr-18	May-18  0  May-18	S.  Jun-1
West HJC FAU (Forensic) HJC BSU (Behavior) Statewide  The Census in the table below represents DIDD recipients in private ICF/IID receiving state funded ISC srvs East Middle West Statewide  Developmental Center census GVDC HJC- Day One (ICF) Total  DIDD community homes ICF/IID census East Middle	3 12  members o  Jul-17 0 0 0 0 Jul-17 0 6 6 6 5  Jul-17 64 35	Aug-17  Aug-17  O	Sep-17  Sep-17  O	Oct-17 Oct-17 O	Nov-17	Dec-17  Dec-17  O	Jan-18  Jan-18	receive D Feb-18  0 Feb-18	Mar-18  Mar-18	funded IS  Apr-18  0  Apr-18	May-18  0  May-18	S.  Jun-1
West HJC FAU (Forensic) HJC BSU (Behavior) Statewide  The Census in the table below represents DIDD recipients in private ICF/IID receiving state funded ISC srvs East Middle West Statewide  Developmental Center census GVDC HJC- Day One (ICF) Total  DIDD community homes ICF/IID census East	3 12  members o  Jul-17 0 0 0 Jul-17 0 6 6 6 Jul-17 64	Aug-17  Aug-17  O	Sep-17  Sep-17  O	Oct-17 Oct-17 O	Nov-17	Dec-17  Dec-17  O	Jan-18  Jan-18	receive D Feb-18  0 Feb-18	Mar-18  O  Mar-18  O  Mar-18	funded IS  Apr-18  0  Apr-18	May-18  0  May-18	

\*Note: Persons <u>NOT</u> included in this Census are those in Private ICF/ID facilities who do not receive any <u>PAID</u> DIDD service and persons receiving Family Support Services.

Sep-17

Jul-17

7979

Aug-17

Census by Region	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
East	2882											
Middle	2871											
West	2226											
Total	7979											

Oct-17

Nov-17

Dec-17

Feb-18

Jan-18

Mar-18

### **B Waiver Enrollment Report**

### Data Source:

The figures represented in this section are pulled directly from the Community Services Tracking system. Enrollment figures may be updated monthly as there is a 2 month window of time in which enrollments are entered into the CST system. Disenrollment data is also based on queries pulled from CST and may also have a window of adjustment for data entry.

ALL Waiver Enrollments	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	FYTD
CAC	0												0
SD Waiver	0												0
Statewide Waiver	0												0
Total Waiver Enrollments	0												0
CAC Waiver Enrollments	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	FYTD
East	0												0
Middle	0												0
West	0												0
Grand Total CAC Waiver	0												0
SD Waiver Enrollments	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	FYTD
East	0												0
Middle	0												0
West	0												0
Grand Total SD Waiver	0												0
Statewide Waiver Enrollments	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	FYTD
East	0												0
Middle	0												0
West	0										_		0
Grand Total Statewide Waiver	0						_					_	0

## Analysis

Analysis		
There were 0 waiver enrollments for July 2017.		

#### Waiver Disenrollments

Waiver Disenrollments													
CAC Waiver	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	FYTD
Voluntary	3												3
Involuntary- Death	3												3
Involuntary- Safety	0												0
Involuntary- Incarceration	0												0
Involuntary- NF > 90 Days	0												0
Involuntary- Out of State	0												0
Total Disenrolled	6												6
SD Waiver	Jul-17	Aug 17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr. 10	May-18	lup 10	FYTD
Voluntary	3	Aug-17	3ep-17	OCI-17	NOV-17	Dec-17	Jai 1-10	rep-10	IVIdI - IO	Apr-18	IVIay-10	Juli-10	3
Involuntary- Death	1												1
Involuntary- Safety	0												<del>                                     </del>
Involuntary- Salety Involuntary- Incarceration	0												0
Involuntary- NF > 90 Days	0		-				+						
Involuntary- Out of State	0												0
Total Disenrolled	4												0
Total Diselliblied	7												
Statewide Waiver	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	FYTD
Voluntary	3												3
Involuntary- Death	3												3
Involuntary- Safety	0												0
Involuntary- Incarceration	0												0
Involuntary- NF > 90 Days	0												0
Involuntary- Out of State	0												0
Total Disenrolled	6												6

### Analysis:

**Total Waiver Disenrollments:** 

For July 2017, there were 16 waiver discharges. 6 people were discharged from the CAC waiver. 6 people were discharged from the statewide waiver. There were 4 discharges from the SD Waiver.

### **Developmental Center-to-Community Transitions Report**

16

Census reflects the number of people in the facility on the last day of the month.

16

Harold Jordan Center	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	
Census [June 2017 14]	14	1 13.9											
Admissions						<u> </u>	•		<u> </u>				FYTD
HJC Day One (ICF)	0												0
HJC FAU (SF)	0												0
HJC BSU (SF)	1												1
Total Admissions	1												1
Discharges			_										
Death	0												0
Transition to community state ICF	0												0
Transition to private ICF	0												0
Transition to waiver program	0												0
Transition back to community	1												1
Total Discharges	1												1
East Public ICF Homes	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	
Census [June 2017 64]	64												FYTD
Admissions	0												0
Discharges								_					
Death	0												0
Transition to another dev center	0												0
Transition to community state ICF	0												0
Transition to private ICF	0												0
Transition to waiver program	0												0
Transition to non DIDD srvs	0												0
Total Discharges	0												0
<u></u>													
Middle Public ICF Homes	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	
Census [June 2017 35]	35												FYTD
Admissions	0												0
Discharges													
Death	0												0
Transition to another dev center	0												0
Transition to public state ICF	0												0
Transition to private ICF	0												0
Transition to waiver program	0												0
Transition to non DIDD srvs	0												0
Total Discharges	0												0

West Public ICF Homes	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	
Census [June 2017 48]	48												FYTD
Admissions	0												0
Discharges													
Death	0												0
Transition to another dev center	0												0
Transition to public state ICF	0												0
Transition to private ICF	0												0
Transition to waiver program	0												0
Transition to non DIDD srvs	0												0
Total Discharges	0												0

# Analysis:

For July 2017 HJC had 1 admission and 1 discharge bringing the census to 14. ETCH had 0 discharges and 0 admissions which held the census at 64. MTH had 0 admissions which held the census at 35, WTCH had 0 discharges and 0 admission which held the census to 48.

# D Protection From Harm/ Complaint Resolution Data Source:

Each Regional Office inputs all complaints information into COSMOS as each complaint is received. Every month a data report is generated which includes Complaint Information captured by each complaint type and the source of each complaint. The data will be presented by waiver instead of by region.

omplaints by Source- Self Determination	L.I 47	A 17	C 17	0 -+ 17	Na. 17	D 17	lana 10	F-b 10	May 10	A 10	NA 10	l 10
/aiver	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Total # of Complaints	0											
# from TennCare	0											
% from TennCare	N/A											
# from a Concerned Citizen	0											
% from a Concerned Citizen	N/A											
# from the Waiver Participant	0											
% from the Waiver Participant	N/A											
# from a Family Member	0											
% from a Family Member	N/A											
# from Conservator	0											
% from Conservator	N/A											
# Advocate (Paid)	0											
% from Advocate (Paid)	N/A											
# from PTP Interview	0											
% from PTP Interview	N/A											

omplaints by Source - Statewide Waiver	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Total # of Complaints	6											
# from TennCare	0											
% from TennCare	N/A											
# from a Concerned Citizen	4											
% from a Concerned Citizen	67%											
# from the Waiver Participant	0											
% from the Waiver Participant	N/A											
# from a Family Member	2											
% from a Family Member	33%											
# from Conservator	0											
% from Conservator	N/A											
# Advocate (Paid)	0											
% from Advocate (Paid)	N/A											
# from PTP Interview	0											
% from PTP Interview	N/A											

omplaints by Source - CAC	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Total # of Complaints	3									Ì		
# from TennCare	0											
% from TennCare	N/A											
# from a Concerned Citizen	0											
% from a Concerned Citizen	N/A											
# from the Waiver Participant	2											
% from the Waiver Participant	67%											
# from a Family Member	0											
% from a Family Member	N/A											
# from Conservator	1											
% from Conservator	33%											
# Advocate (Paid)	0											
% from Advocate (Paid)	N/A											
# from PTP Interview	0											
% from PTP Interview	N/A											

complaints by Issue- Self Determination												
Vaiver	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Total Number of Complaints	0											
# Behavior Issues	0											
% Behavior Issues	N/A											
# Day Service Issues	0											
% Day Service Issues	N/A											
# Environmental Issues	0											
% Environmental Issues	N/A											
# Financial Issues	0											
% Financial Issues	N/A											
# Health Issues	0											
% Health Issues	N/A											
# Human Rights Issues	0											
% Human Rights Issues	N/A											
# ISC Issues	0											
% ISC Issues	N/A											
# ISP Issues	0											
% ISP Issues	N/A											
# Staffing Issues	0											
% Staffing Issues	N/A											
# Therapy Issues	0											
% Therapy Issues	N/A											
# Transportation Issues	0											
% Transportation Issues	N/A											
# Case Management Issues	0											
% Case Management Issues	N/A											
# Other Issues	0			_								
% Other Issues	N/A											

mplaints by Issue - Statewide Waiver	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-1
Total Number of Complaints	6											
# Behavior Issues	0											
% Behavior Issues	N/A											
# Day Service Issues	1											
% Day Service Issues	17%											
# Environmental Issues	0											
% Environmental Issues	N/A											
# Financial Issues	1											
% Financial Issues	17%											
# Health Issues	0											
% Health Issues	N/A											
# Human Rights Issues	2											
% Human Rights Issues	33%											
# ISC Issues	0											
% ISC Issues	N/A											
# ISP Issues	0											
% ISP Issues	N/A											
# Staffing Issues	2											
% Staffing Issues	33%											
# Therapy Issues	0											
% Therapy Issues	N/A											
# Transportation Issues	0											
% Transportation Issues	N/A											1
# Case Management Issues	0											
% Case Management Issues	N/A											1
# Other Issues	0											
% Other Issues	N/A											

omplaints by Issue - CAC	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Total Number of Complaints	3											
# Behavior Issues	0											
% Behavior Issues	N/A											
# Day Service Issues	1											
% Day Service Issues	33%											
# Environmental Issues	0											
% Environmental Issues	N/A											
# Financial Issues	0											
% Financial Issues	N/A											
# Health Issues	1											
% Health Issues	33%											
# Human Rights Issues	0											
% Human Rights Issues	N/A											
# ISC Issues	0											
% ISC Issues	N/A											
# ISP Issues	0											
% ISP Issues	N/A											
# Staffing Issues	1											
% Staffing Issues	33%											
# Therapy Issues	0											
% Therapy Issues	N/A											
# Transportation Issues	0											
% Transportation Issues	N/A											
# Case Management Issues	0				_	-						
% Case Management Issues	N/A											
# Other Issues	0											
% Other Issues	N/A											

Analysis:			
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### **CUSTOMER FOCUSED SERVICES ANALYSIS FOR JULY, 2017 REPORT.**

There were (9) <u>COSMOS COMPLAINT ISSUES</u> statewide as documented in Crystal Reports. There were five (3) **CAC Waiver** complaints, eight (6) **Statewide Waiver** complaints and zero (0) **SD Waiver** complaints. These issues were resolved with person-centered face-to-face meetings and other means of communication with the COS. For those that were due, there was **100% compliance** in resolving complaints within 30 days for the month of **July 2017**.

COSMOS COMPLAINT ISSUES involved: Staff Supervision/Management (2), Staff Treatment (1), Human Rights (2), Financial (1), Health (1) and Day services (2).

There were **79** <u>ADOVACAY INTERVENTIONS</u> completed by the statewide CFS team in **July 2017**. \**Advocacy Interventions are: Conflict-Resolution facilitations conducted by CFS, as requested, that are not formal complaints documented in COSMOS.* 

<u>FOCUS GROUPS</u>: **(6)** were held in Nashville, Memphis, Jackson, Knoxville, Morristown and Greeneville this month. There were approximately **357** participants in the Focus Groups. Topics included: Independence, 10 Pillars of Good Communication, Job Lead Information, Rights, Mega-Conference experiences and Successful Citizenship. \*Focus Group numbers have significantly increased this month (up 57%) due to recommencement of the Middle Regional Focus Groups.

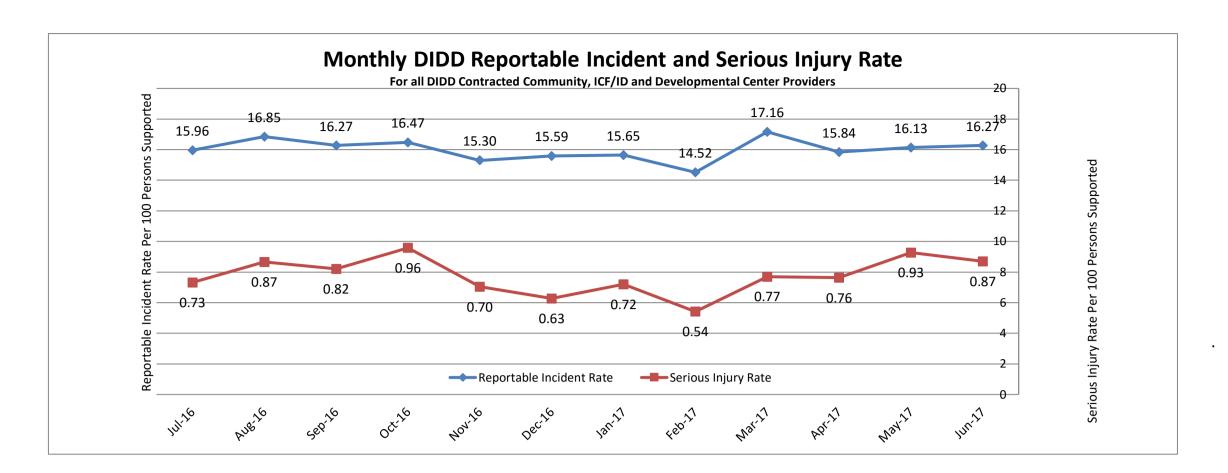
### D Protection From Harm/Incident Management

# Data Source:

The Incident Management information in this report is now based on the total D.I.D.D. Community Protection From Harm census, which is all D.I.D.D. service recipients in the community and all private ICF/MR service recipients who are currently required to report incidents to D.I.D.D.

Through August 2009, only the West Region private ICF/MR providers were required to report. As of September 2009, the East Region ICF/MR providers were also required to report incidents to D.I.D.D., and the Middle Region ICF/MR providers started reporting to D.I.D.D. in February 2010.

Incidents / East	1 17	11.17	A 17	Can 17	0 = 17	Nov. 17	Dag 17	Jan 10	Fab 10	Max 10	A 10	May 10	VTD
# of Deportable Incidents	Jun-17 557	Jul-17	Aug-17	Sep-17	Oct-17	NOV-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	557
# of Reportable Incidents													
Rate of Reportable Incidents per 100 people	17.60		<del>                                     </del>										17.6
# of Serious Injuries	32		<del>                                     </del>										32
Rate of Incidents that were Serious Injuries per	1 01			,									4.0
100 people	1.01		<b></b>										1.0
# of Incidents that were Falls	45												45
Rate of Falls per 100 people	1.42												1.4
# of Falls resulting in serious injury	18												18
% of serious injuries due to falls	56.3%												56.3%
Incidents / Middle	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	YTD
# of Reportable Incidents	470												470
Rate of Reportable Incidents per 100 people	14.98												15.0
# of Serious Injuries	26												26
Rate of Incidents that were Serious Injuries per													
100 people	0.83			,									0.8
# of Incidents that were Falls	33												33
Rate of Falls per 100 people	1.05												1.1
# of Falls resulting in serious injury	17												17
% of serious injuries due to falls	65.4%												65.4%
Incidents / West	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	YTD
# of Reportable Incidents	395												395
Rate of Reportable Incidents per 100 people	16.20												16.2
# of Serious Injuries	18												18
Rate of Incidents that were Serious Injuries per													
100 people	0.74			,									0.7
# of Incidents that were Falls	26												26
Rate of Falls per 100 people	1.07												1.1
# of Falls resulting in serious injury	8												8
% of serious injuries due to falls	44.4%												44.4%
Incidents / Statewide	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	YTD
# of Reportable Incidents	1422												1422
Rate of Reportable Incidents per 100 people	16.27												16.3
# of Serious Injuries	76												76
Rate of Incidents that were Serious Injuries per													
100 people	0.87			,									0.9
# of Incidents that were Falls	104												104
Rate of Falls per 100 people	1.19												1.2
# of Falls resulting in serious injury	43												43
		Ī	1 1	. '		1			I	1	,	1	56.6%



### PFH Analysis: Incident Management

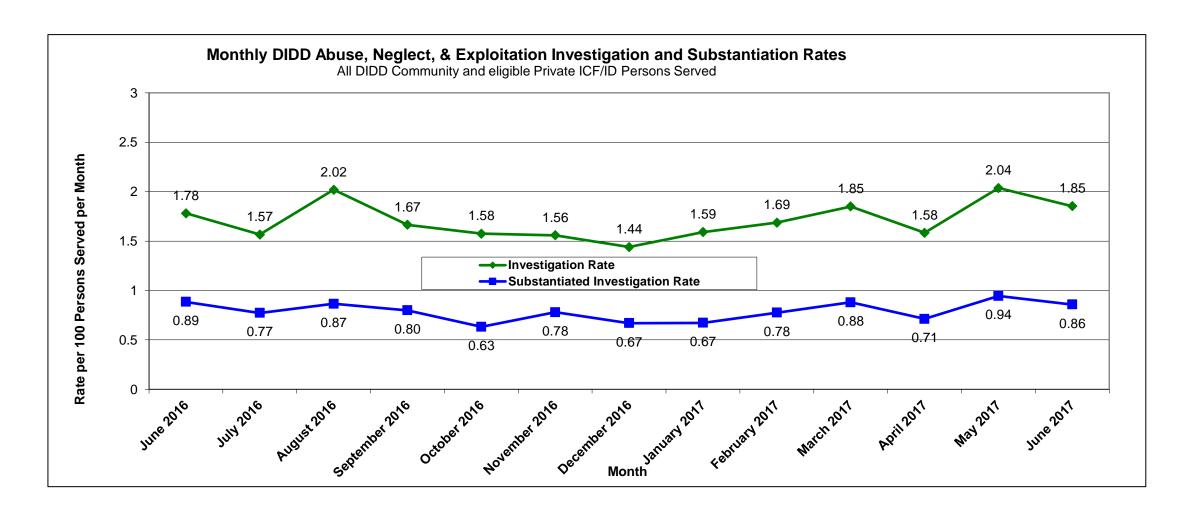
Chart: Monthly Rate: Reportable Incidents and Serious Injuries.

The monthly statewide rate of reportable incidents per 100 persons supported for June 2017 increased from 16.05 to 16.27. The rate of Serious Injury per 100 persons supported decreased from 0.92 to 0.87. The rate of Falls per 100 persons supported increased from 1.06 to 1.19. The number of Serious Injuries due to Falls increased from 33 to 43. The percentage of Serious Injuries due to Falls was 56.6%.

### Conclusions and actions taken for the reporting period:

The rate of reportable incidents per 100 persons supported for July 2015 – June 2017 was reviewed for an increasing or decreasing trend. The average reportable incident rate for the preceding period, July 2015 – June 2016, was 16.17 reportable incidents per 100 persons supported. The average reportable incident rate for the more recent period, July 2016 – June 2017, is 16.00 per 100 persons supported. Analysis showed a decrease of 0.17 in the average incident rate.

East Region	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May
Census	3164											
# of Investigations	42											
Rate of Investigations per 100 people	1.33											
# of Substantiated Investigations	23											
Rate of Substantiated Investigations per 100												
people	0.73											
Percentage of Investigations Substantiated	55%											
Middle Region	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	Ma
Census	3138	Jan 11	1.50	2012				Jan 12	7 0.0			
# of Investigations	58											
Rate of Investigations per 100 people	1.85											
# of Substantiated Investigations	30											
Rate of Substantiated Investigations per 100												
people	0.96											
Percentage of Investigations Substantiated	52%											
West Region	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	Ma
Census	2438											
# of Investigations	62											
Rate of Investigations per 100 people	2.54											
# of Substantiated Investigations	22											
Rate of Substantiated Investigations per 100												
people	0.90											
Percentage of Investigations Substantiated	35%											
Statewide	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	Ma
Census	8740											
# of Investigations	162											
Rate of Investigations per 100 people	1.85											
# of Substantiated Investigations	75											
Rate of Substantiated Investigations per 100	0.86											
people	0.00		1									



### D Protection From Harm/Investigations

### **Analysis:**

### PFH Analysis: Investigations

### **Chart: Monthly Rates: Investigations Opened/Substantiated**

During the month of June, 2017, 162 investigations were completed across the State. The statewide average for the past 12 months was 152 investigations. Forty-two (42) of these originated in the East Region, fifty-eight (58) in the Middle Region, and sixty-two (62) in the West Region. East increased by 21 investigations from the previous month, with Middle decreasing by 20 investigations and West by 2 investigations. The last 12 month average of investigations closed for East was 39, Middle 58 and West 54.

Statewide, investigations were opened at a rate of 1.85 investigations per 100 people served and the census was 8740 (8786 in May). The twelve month average is 1.70 investigations per 100 people served. The East opened investigations at a rate of 1.33 investigations per 100 people served, census of 3164 (3178 in May). East's twelve month average is 1.21 investigations per 100 people served. Middle opened investigations at a rate of 1.85 investigations per 100 people served, census of 3138 (3178 in May) and the average for the last 12 months is 1.82. West opened investigations at a rate of 2.54 per 100 people served, census of 2438 (2446 in May), and their average for the past twelve months is 2.19 investigations per 100 people served.

Seventy-five, or 46%, of the 162 investigations opened statewide in June, 2017, were substantiated for abuse, neglect, or exploitation. This was consistent with the previous month, which was 83 substantiated investigations and 46%. The statewide average of substantiated investigations for the past twelve months was 70 substantiated investigations or 46%. West substantiated investigations at 35% per 100 people (22 substantiated investigations), compared to the 55% substantiated in the East (23 substantiated investigations), and the 52% substantiated in the Middle (30 substantiated investigations). The monthly average of the substantiated investigations by region for the past 12 months is 43% East, 53% Middle, and 42% West. This is consistent with the previous month average.

These substantiations reflect that the statewide rate of substantiated investigations per 100 people served at .86 during June, 2017. The West substantiated investigations at the rate of .90 substantiated investigations per 100 people served, Middle with .96 substantiated investigations per 100 people served, and East .73 substantiated investigations per 100 people served. The percentage of investigations substantiated for the past 12 months is .78 statewide; .52 East, .94, Middle and .91 West.

# E. Due Process / Freedom of Choice

Each Regional Office Appeals Director collects data regarding Grier related appeals. The DIDD Central Office Grier Coordinator maintains the statewide database regarding the specifics of the Grier related appeals. The appeals/due process data will now be provided using a time lag of 30 days in order to capture closure of the

Total Service Recuests Received 2797  Total Adverse Actions (Inc.) Partial Approvals)  37  **Val Service Requests Resulting in Approvals   168  Total Grier dental letters issued 27  **Partial Letters issued 27  **Partia	East Region	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Total Afverse Actions (Inc.) Partial Approvals)  37  8 of Service Requests Resulting in Adverse Actions  15		3							,				,
Total Afverse Actions (Inc.) Partial Approvals)  37  8 of Service Requests Resulting in Adverse Actions  15	Total Service Requests Received	2787											
Approvals)													
## of Service Requests Resulting in Adverse Actions   196		37											
Abbress Actions   1%													
Total Green denial letters issued   27		1%											
DELIVERY OF SERVICE	Total Grier denial letters issued	27											
Delay	APPEALS RECEIVED												
Tornination	DELIVERY OF SERVICE												
Tornination	Delay	0											
Suspension		0											
Total Received	Reduction	0											
DENIAL OF SERVICE	Suspension	0											
Total Grier Appeals Received	Total Received	0											
Total Spreads Received 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENIAL OF SERVICE												
Total Non-Grier Appeals Received 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Total Received	0											
Total appeals overturned upon reconsideration	Total Grier Appeals Received	0											
Total appeals overturned upon reconsideration													
TOTAL HEARINGS		0											
TOTAL HEARINGS	Total appeals overturned upon												
DIRECTIVES	reconsideration	0											
DIRECTIVES													
Directive Due to Notice Content		1											
Violation         0													
Directive due to ALJ Ruling in Recipient's Favor													
Recipient's Favor		0											
Other         0   <td>_</td> <td>_</td> <td></td>	_	_											
Total Directives Received	•	0											
Overturned Directives         0		0											
MCC Directives		0											
Cost Avoidance (Estimated) \$0		0											
LATE RESPONSES  Total Late Responses  0  Total Days Late  0  Total Fines Accrued (Estimated)  DEFECTIVE NOTICES  Total Defective Notices Received  0  Total Fines Accrued (Estimated)  \$0  *fine amount is based on timely responses  PROVISION OF SERVICES  Delay of Service Notifications Sent (New)  Continuing Delay Issues  (Unresolved)  Total days service(s) not provided per TennCare ORR  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$0		0											
Total Late Responses 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		\$0											
Total Days Late 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0													
Total Fines Accrued (Estimated)  DEFECTIVE NOTICES  Total Defective Notices Received  Total Fines Accrued (Estimated)  **Ine amount is based on timely responses  PROVISION OF SERVICES  Delay of Service Notifications Sent (New)  Continuing Delay Issues (Unresolved)  Total days service(s) not provided per TennCare ORR  **Ine amount is based on timely responses	-	U											
DEFECTIVE NOTICES  Total Defective Notices Received  Total Fines Accrued (Estimated)  *fine amount is based on timely responses  PROVISION OF SERVICES  Delay of Service Notifications Sent (New)  Continuing Delay Issues (Unresolved)  Total days service(s) not provided per TennCare ORR  Solution  Description  Descript	_	0											
Total Defective Notices Received 0		U											
Total Fines Accrued (Estimated) \$0 *fine amount is based on timely responses  PROVISION OF SERVICES  Delay of Service Notifications Sent (New)  Continuing Delay Issues (Unresolved)  Total days service(s) not provided per TennCare ORR  \$0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		n											
*fine amount is based on timely responses  PROVISION OF SERVICES  Delay of Service Notifications Sent (New)  Continuing Delay Issues (Unresolved)  Total days service(s) not provided per TennCare ORR  *fine amount is based on timely responses		\$0											
responses  PROVISION OF SERVICES  Delay of Service Notifications Sent (New)  Continuing Delay Issues (Unresolved)  Total days service(s) not provided per TennCare ORR  Service Notifications Sent (New)  Service		Ψ0											
PROVISION OF SERVICES  Delay of Service Notifications Sent (New)  Continuing Delay Issues (Unresolved)  Total days service(s) not provided per TennCare ORR  5	•												
Delay of Service Notifications Sent (New)  Continuing Delay Issues (Unresolved)  Total days service(s) not provided per TennCare ORR  Service Notifications Sent  0  Continuing Delay Issues 0  Continuing Delay I													
(New) Continuing Delay Issues (Unresolved)  Total days service(s) not provided per TennCare ORR  5													
Continuing Delay Issues (Unresolved)  Total days service(s) not provided per TennCare ORR  5	-												
(Unresolved) 0  Total days service(s) not provided per TennCare ORR 5													
Total days service(s) not provided per TennCare ORR 5		0											
per TennCare ORR 5													
	_	5											
	Total Fines Accrued (Estimated)	\$0											

Middle Region	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
SERVICE REQUESTS												
Total Service Requests Received	2599											
Total Adverse Actions (Incl. Partial												
Approvals)	108											
% of Service Requests Resulting in												
Adverse Actions	4%											
Total Grier denial letters issued	21											
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	0											
Termination	0											
Reduction	0											
Suspension	0											
Total Received	0											
DENIAL OF SERVICE												
Total Received	1											
Total Grier Appeals Received	1											
Total Non-Grier Appeals Received	0											
Total appeals overturned upon												
reconsideration	0											
TOTAL HEARINGS	2											
DIRECTIVES												
Directive Due to Notice Content												
Violation	0											
Directive due to ALJ Ruling in												
Recipient's Favor	0											
Other	0											
Total Directives Received	0											
Overturned Directives	0											
MCC Directives	0											
Cost Avoidance (Estimated)	\$0											
LATE RESPONSES												
Total Late Responses	0											
Total Days Late	0											
Total Fines Accrued (Estimated)	\$0											
DEFECTIVE NOTICES												
Total Defective Notices Received	0											
Total Fines Accrued (Estimated)	\$0											
*fine amount is based on timely												
responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent												
(New)	0											
Continuing Delay Issues												
(Unresolved)	0											
Total days service(s) not provided												
per TennCare ORR	0											
Total Fines Accrued (Estimated)	\$0											
	, ,			l	<u> </u>							

West Region	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
SERVICE REQUESTS	Jan 17	Jul 17	7.08 17	Эср 17	00017	1107 17	DCC 17	Jan 10	10010	IVIAI 10	7.01.10	IVIGY 10
Total Service Requests Received	2168											
Total Adverse Actions (Incl. Partial	2100											
Approvals)	116											
% of Service Requests Resulting in	110											
Adverse Actions	5%											
Total Grier denial letters issued	63		+									
APPEALS RECEIVED	0.5											
DELIVERY OF SERVICE												
Delay	0											
Termination	0		+									
Reduction	0											
Suspension	0											
Total Received	0											
	J											
<b>DENIAL OF SERVICE</b> Total Received	4											
	4		1									
Total Grier Appeals Received	4		1									
Total Non Crier Appeals Described	0											
Total Non-Grier Appeals Received  Total appeals overturned upon	U		1									
reconsideration	1											
i econsideration	'											
TOTAL LIFABINGS	0											
TOTAL HEARINGS	U											
DIRECTIVES												
Directive Due to Notice Content												
Violation	0											
Directive due to ALJ Ruling in												
Recipient's Favor	0											
Other	0											
Total Directives Received	0											
Overturned Directives	0											
MCC Directives	0											
Cost Avoidance (Estimated)	\$0											
LATE RESPONSES												
Total Late Responses	0											
Total Days Late	0		1									
Total Fines Accrued (Estimated)	0											
DEFECTIVE NOTICES												
Total Defective Notices Received	. 0		1									
Total Fines Accrued (Estimated)	\$0											
*fine amount is based on timely												
responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent												
(New)	14											
Continuing Delay Issues												
(Unresolved)	5											
Total days service(s) not provided												
per TennCare ORR	0											
Total Fines Accrued (Estimated)	\$0											

Statewide	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
SERVICE REQUESTS	3"	<b>3</b> -						<b>J</b> -			1 -	- 7
Total Service Requests Received	7554											
Total Adverse Actions (Incl. Partial	7334											
Approvals)	261											
% of Service Requests Resulting in	201											
Adverse Actions	4%											
Total Grier denial letters issued	111											
APPEALS RECEIVED	111											
DELIVERY OF SERVICE												
Delay	0											
Termination	0											
Reduction	0											
Suspension	0											
Total Received	0											
DENIAL OF SERVICE	J											
Total Received	5											
Total Grier Appeals Received	5											
посил стол търроши поселов												
Total Non-Grier Appeals Received	0											
Total appeals overturned upon												
reconsideration	1											
	·											
TOTAL HEARINGS	3											
DIRECTIVES												
Directive Due to Notice Content												
Violation	0											
Directive due to ALJ Ruling in												
Recipient's Favor	0											
Other	0											
Total Directives Received	0											
Overturned Directives	0											
MCC Directives	0											
Cost Avoidance (Estimated)	\$0											
Cost Avoidance (Total Month-												
Estimated)	\$0											
Cost Avoidance (FY 2017-												
Estimated)	\$134,568											
LATE RESPONSES												
Total Late Responses	0											
Total Days Late	0											
Total Fines Accrued (Estimated)	\$0											
Total Defective Notices Received	0											
Total Fines Accrued (Estimated)	\$0											
*fine amount is based on timely												
responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent												
(New)	14											
(Unresolved)	10											
Total days service(s) not provided												
per TennCare ORR	0											
Total Fines Accrued (Estimated)	\$0											

### **Appeals:**

The DIDD received 5 appeals in June, compared to 6 received during the previous month. Fiscal Year 2016 averaged 11.4 appeals received per month and Fiscal Year 2017 averaged 8.3 appeals received per month (27.2% decrease in volume).

The DIDD received 7554 service requests in June compared to 7533 received during the previous month (.3% increase in volume). The average of service requests received during Fiscal Year 2016 was 7398 per month compared to 7166 for Fiscal Year 2017 (3.1% decrease in volume).

3.5% of service plans were denied statewide in June compared to 2.9% during the previous month, indicating a .6% increase in adverse actions. The average of

### **Directives:**

No directives were received statewide during this reporting month.
Cost Avoidance:
There was no cost avoidance during this reporting month. Statewide, total cost avoidance remains at \$134,568.41 for the fiscal year.

# Sanctioning/fining issues: There were no sanctioning or fining issues this month.

# F Provider Qualifications / Monitoring (II.H., II.K.) Data Source:

The information contained in this section comes from the Quality Assurance Teams. The numbers in each column represents the number of provider agencies that scored either substantial compliance, partial compliance, minimal compliance or non-compliance.

Day and Residential Provider		State		Cumulative / Statewide						
# of Day and Residential Providers Monitored this			12		91					
Month Total Census of Providers Surveyed		7			3773					
# of Sample Size			95				74			
% of Individuals Surveyed # of Additional Focused Files Reviewed			3% 0				5% 0			
# Of Additional Focused Files Reviewed	Sub.	Partial	Min.	Non-	Sub.	Partial	Min.	Non-		
	Comp.%	Comp.%	Comp.%	Comp.%	Comp.%	Comp.%	Comp.%	Comp.%		
Domain 2. Individual Planning and Implementation										
Outcome A. The person's plan reflects his or her										
unique needs, expressed preferences and decisions.	100%	0%	0%	0%	89%	9%	1%	0%		
Outcome B. Services and supports are provided	100 /6	0 78	0 76	0 78	09 /6	9 /6	1 /0	0 70		
according to the person's plan.	83%	16%	0%	0%	64%	31%	3%	0%		
Outcome D. The person's plan and services are										
monitored for continued appropriateness and revised as needed.	91%	8%	0%	0%	68%	25%	6%	0%		
Domain 3: Safety and Security										
Outcome A. Where the person lives and works is safe.	750/	250/	00/	00/	000/	400/	00/	00/		
Outcome B. The person has a sanitary and	75%	25%	0%	0%	86%	13%	0%	0%		
comfortable living arrangement.	100%	0%	0%	0%	97%	2%	0%	0%		
Outcome C. Safeguards are in place to protect the	440/	E00/	00/	00/	200/	E60/	40/	00/		
person from harm. Domain 4: Rights, Respect and Dignity	41%	58%	0%	0%	39%	56%	4%	0%		
Outcome A. The person is valued, respected and			Π							
treated with dignity.	100%	0%	0%	0%	98%	1%	0%	0%		
Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	100%	0%	0%	0%		
Outcome D. Rights restrictions and restricted										
interventions are imposed only with due process.	83%	8%	8%	0%	73%	16%	7%	2%		
Domain 5: Health Outcome A. The person has the best possible health.	91%	8%	0%	0%	69%	26%	4%	0%		
Outcome B. The person takes medications as										
prescribed.	83%	8%	8%	0%	66%	26%	4%	2%		
Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	95%	4%	0%	0%		
Domain 6: Choice and Decision-Making										
Outcome A. The person and family members are	100%	0%	0%	0%	98%	1%	0%	0%		
involved in decision-making at all levels of the system.  Outcome B. The person and family members have	10070	0 70	070	0 70	3070	1 70	0 70	0 70		
information and support to make choices about their										
lives.	100%	0%	0%	0%	100%	0%	0%	0%		
Domain 7: Relationships and Community Membership Outcome A. The person has relationships with										
individuals who are not paid to provide support.	100%	0%	0%	0%	100%	0%	0%	0%		
Outcome B. The person is an active participant in	4000/	22/	00/	00/	40004	00/	00/	201		
community life rather than just being present.  Domain 8: Opportunities for Work	100%	0%	0%	0%	100%	0%	0%	0%		
Outcome A. The person has a meaningful job in the										
community.	90%	10%	0%	0%	96%	3%	0%	0%		
Outcome B. The person's day service leads to community employment or meets his or her unique										
needs.	100%	0%	0%	0%	95%	4%	0%	0%		
Domain 9: Provider Capabilities and Qualifications										
Outcome A. The provider meets and maintains										
compliance with applicable licensure and provider										
agreement requirements.	91%	8%	0%	0%	70%	25%	4%	0%		
Outcome B. Provider staff are trained and meet job specific qualifications.	66%	33%	0%	0%	65%	31%	2%	0%		
Indicator 9.B.2.: Provider staff have received	0070	0070	070	070	0070	0170	270	070		
appropriate training and, as needed, focused or										
additional training to meet the needs of the person.	66%			33%	64%			35%		
Outcome C. Provider staff are adequately supported.	66%	33%	0%	0%	80%	19%	0%	0%		
Outcome D. Organizations receive guidance from a										
representative board of directors or a community	100%	0%	0%	0%	95%	3%	1%	0%		
advisory board.  Domain 10: Administrative Authority and Financial	100 /0	U /0	J 0 /6	0 /0	33 /0	3 /6	1 /0	U /0		
Accountability										
Outcome A. Providers are accountable for DIDD										
requirements related to the services and supports that they provide.	83%	16%	0%	0%	73%	20%	5%	0%		
Outcome B. People's personal funds are managed	<b>-6</b> 0:		221	22.	=60:	255:	221	101		
appropriately.	50%	50%	0%	0%	50%	38%	9%	1%		

Personal Assistance	Statewide					Cumulative / Statewide					
# of Personal Assistance Providers Monitored this			1		4						
Month			I								
Total Census of Providers Surveyed			1				70				
# of Sample Size			1				11				
% of Individuals Surveyed		1	00%			1	6%				
# of Additional Focused Files Reviewed		_	0			_	0	_			
	Sub.	Partial	Min.	Non-	Sub.	Partial	Min.	Non-			
	Comp.%	Comp.%	Comp.%	Comp.%	Comp.%	Comp.%	Comp.%	Comp.%			
Domain 2. Individual Planning and Implementation											
Outcome A. The person's plan reflects his or her											
unique needs, expressed preferences and decisions.	100%	0%	0%	0%	100%	0%	0%	0%			
Outcome B. Services and supports are provided											
according to the person's plan.	100%	0%	0%	0%	75%	25%	0%	0%			
Outcome D. The person's plan and services are											
monitored for continued appropriateness and revised											
as needed.	100%	0%	0%	0%	1%	0%	0%	0%			
Domain 3: Safety and Security											
Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	1%	0%	0%	0%			
Outcome C. Safeguards are in place to protect the											
person from harm.	0%	100%	0%	0%	25%	75%	0%	0%			
Domain 4: Rights, Respect and Dignity											
Outcome A. The person is valued, respected and											
treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%			
Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	100%	0%	0%	0%			
Outcome D. Rights restrictions and restricted											
interventions are imposed only with due process.					1%	0%	0%	0%			
Domain 5: Health											
Outcome A. The person has the best possible health.	100%	0%	0%	0%	100%	0%	0%	0%			
Outcome B. The person takes medications as											
prescribed.											
Outcome C. The person's dietary and nutritional	100%	0%	0%	0%	4000/	00/	00/	00/			
needs are adequately met.	100%	0%	0%	0%	100%	0%	0%	0%			
Domain 6: Choice and Decision-Making											
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%			
Outcome B. The person and family members have	1.5576	1 7,0	1 3,3	3,0	10070	0 /0	0 /0	0 /0			
information and support to make choices about their											
lives.	100%	0%	0%	0%	100%	0%	0%	0%			
Domain 9: Provider Capabilities and Qualifications					10070	070	070	070			
Outcome A. The provider meets and maintains											
compliance with applicable licensure and provider											
agreement requirements.	0%	100%	0%	0%	1%	1%	0%	0%			
Outcome B. Provider staff are trained and meet job	- / -	130,0	1 3,3	3,0	1 /0	1 /0	0 /0	0 /0			
specific qualifications.	0%	100%	0%	0%	0%	100%	0%	0%			
Indicator 9.B.2.: Provider staff have received	0%			100%	0%			100%			
Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	75%	25%	0%	0%			
Outcome D. Organizations receive guidance from a representative board of directors or a community											
advisory board.	1000/	00/	00/	00/	407	001	001	00/			
-	100%	0%	0%	0%	1%	0%	0%	0%			
Domain 10: Administrative Authority and Financial Accountability											
Outcome A. Providers are accountable for DIDD											
requirements related to the services and supports that											
they provide.	0%	100%	0%	0%	50%	50%	0%	0%			

# Provider Qualifications / Monitoring (II.H., II.K.)

ISC Providers		Sta	tewide			Cumulativ	e / Statewid	e
# of ISC Providers Monitored this Month								
Total Census of Providers Surveyed								
# of Sample Size								
% of Individuals Surveyed					<u> </u>			
# of Additional Focused Files Reviewed								
20				Non-				Non-
	Sub.	Partial	Min.	compliance	Sub.	Partial	Min.	compliance
	Comp.%	Comp.%	Comp.%	%	Comp.%	Comp.%	Comp.%	%
Domain 1: Access and Eligibility								
Outcome A. The person and family members are								
knowledgeable about the HCBS waiver and other								
services, and have access to services and choice of								
available qualified providers.								
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her								
unique needs, expressed preferences and decisions.								
Outcome B. Services and supports are provided								
according to the person's plan.								
Outcome D. The person's plan and services are								
monitored for continued appropriateness and revised								
as needed.								
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.								
Outcome B. The person has a sanitary and								
comfortable living arrangement.								
Outcome C. Safeguards are in place are in place to								
protect the person from harm.								
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains								
compliance with applicable licensure and provider								
agreement requirements.							<u> </u>	
Outcome B. Provider staff are trained and meet job								
specific qualifications.								
Indicator 9.B.2.: Provider staff have received								
appropriate training and, as needed, focused or								
additional training to meet the needs of the person.								
Outcome C. Provider Staff are adequately supported.								
Outcome D. Organizations receive guidance from a								
representative board of directors or a community								
advisory board.								
Domain 10: Administrative Authority and Financial								
Accountability								
Outcome A. Providers are accountable for DIDD								
requirements related to the services and supports that								
they provide.	<u> </u>				<u> </u>		1	

# Provider Qualifications / Monitoring (II.H., II.K.)

Clinical Providers- Behavioral		Stat	tewide			Cumulativ	e / Statewic	e		
# of Clinical Providers Monitored for the month		3.00	1		9					
Total Census of Providers Surveyed			61		305					
# of Sample Size			6		42					
% of Individuals Surveyed			0%		14%					
# of Additional Focused Files Reviewed			0			•	0			
n or realitional rocasea rines reviewed	Sub.	Partial	Min.	Non-	Sub.					
	Comp.%	Comp.%	Comp.%	Comp.%	Comp.%	Comp.%	Comp.%	Non- Comp.%		
Domain 2: Individual Planning and Implementation			100		Compris		100			
Outcome A. The person's plan reflects his or her										
unique needs, expressed preferences and decisions.	0%	100%	0%	0%	11%	55%	33%	0%		
Outcome B. Services and supports are provided										
according to the person's plan.	100%	0%	0%	0%	66%	33%	0%	0%		
Outcome D. The person's plan and services are										
monitored for continued appropriateness and revised										
as needed.	0%	100%	0%	0%	11%	77%	11%	0%		
Domain 3: Safety and Security										
Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	77%	22%	0%	0%		
Outcome C. Safeguards are in place to protect the										
person from harm.	100%	0%	0%	0%	77%	22%	0%	0%		
Domain 4: Rights, Respect and Dignity										
Outcome A. The person is valued, respected, and										
treated with dignity.	100%	0%	0%	0%	88%	11%	0%	0%		
Outcome D. Rights restrictions and restricted										
interventions are imposed only with due process.					75%	25%	0%	0%		
Domain 6: Choice and Decision-Making										
Outcome A. The person and family members are										
involved in decision-making at all levels of the system.		•••								
	100%	0%	0%	0%	100%	0%	0%	0%		
Domain 9: Provider Capabilities and Qualifications										
Outcome A. The provider meets and maintains										
compliance with applicable licensure and provider										
agreement requirements.	0%	100%	0%	0%	11%	77%	11%	0%		
Outcome B. Provider staff are trained and meet job										
specific qualifications.	100%	0%	0%	0%	88%	11%	0%	0%		
Indicator 9.B.2.: Provider staff have received										
appropriate training and, as needed, focused or										
additional training to meet the needs of the person.					66%			33%		
Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	100%	0%	0%	0%		
Domain 10: Administrative Authority and Financial										
Accountability										
Outcome A. Providers are accountable for DIDD										
requirements related to the services and supports that		00/	00/	00/	4000/	00/	00/	00/		
they provide.	100%	0%	0%	0%	100%	0%	0%	0%		

Clinical Providers- Nursing		Sta	tewide			Cumulative	e / Statewid	е		
# of Clinical Providers Monitored for the month				1						
Total Census of Providers Surveyed					11					
# of Sample Size							4			
% of Individuals Surveyed		#[	OIV/0!		36%					
# of Additional Focused Files Reviewed			0				0			
	Sub.	Partial	Min.	Non-	Sub.	Partial	Min.	Non-		
	Comp.%	Comp.%	Comp.%	Comp.%	Comp.%	Comp.%	Comp.%	Comp.%		
Domain 2: Individual Planning and Implementation										
Outcome A. The person's plan reflects or her unique										
needs, expressed preferences and decisions.					100%	0%	0%	0%		
Outcome B. Services and supports are provided										
according to the person's plan.					100%	0%	0%	0%		
Outcome D. The person's plan and services are										
monitored for continued appropriateness and revised										
as needed.					100%	0%	0%	0%		
Domain 3: Safety and Security										
Outcome A. Where the person lives and works is safe.					100%	0%	0%	0%		
Outcome C. Safeguards are in place to protect the	1		1							
person from harm.					100%	0%	0%	0%		
Domain 4: Rights, Respect and Dignity										
Outcome A. The person is valued, respected, and										
treated with dignity.					100%	0%	0%	0%		
Outcome D. Rights restrictions and restricted										
interventions are imposed only with due process.										
Domain 5: Health										
Outcome A. The person has the best possible health.										
					100%	0%	0%	0%		
Outcome B. The person takes medications as										
prescribed.					100%	0%	0%	0%		
Outcome C. The person's dietary and nutritional needs										
are adequately met.					100%	0%	0%	0%		
Domain 6: Choice and Decision-Making										
Outcome A. The person and family members are										
involved in decision-making at all levels of the system.										
					100%	0%	0%	0%		
Domain 9: Provider Capabilities and Qualifications										
Outcome A. The provider meets and maintains										
compliance with applicable licensure and provider										
agreement requirements.					100%	0%	0%	0%		
Outcome B. Provider staff are trained and meet job			1							
specific qualifications.					100%	0%	0%	0%		
Indicator 9.B.2.: Provider staff have received										
appropriate training and, as needed, focused or										
additional training to meet the needs of the person.										
<u> </u>				L_	100%			0%		
Outcome C. Provider staff are adequately supported.					100%	0%	0%	0%		
Domain 10: Administrative Authority and Financial										
Accountability										
Outcome A. Providers are accountable for DIDD										
requirements related to the services and supports that										
they provide.					100%	0%	0%	0%		
	1	1		1	1	1	1	<u>.                                    </u>		

Clinical Providers- Therapy	Statewide		Cumulative / Statewide							
# of Clinical Providers Monitored for the month	1				12					
Total Census of Providers Surveyed	16				808					
# of Sample Size			4		75					
% of Individuals Surveyed		2	25%		9%					
# of Additional Focused Files Reviewed			0				0			
				Non-				Non-		
	Sub.	Partial	Min.	compliance	Sub.	Partial	Min.	compliance		
	Comp.%	Comp.%	Comp.%	%	Comp.%	Comp.%	Comp.%	%		
Domain 2: Individual Planning and Implementation										
Outcome A. The person's plan reflects or her unique										
needs, expressed preferences and decisions.	100%	0%	0%	0%	25%	58%	8%	0%		
Outcome B. Services and supports are provided										
according to the person's plan.	0%	100%	0%	0%	25%	58%	8%	0%		
Outcome D. The person's plan and services are	0,0	10070	070	1 0,0	2070	3070	070	0,0		
monitored for continued appropriateness and revised										
as needed.	100%	0%	0%	0%	41%	41%	8%	8%		
Domain 3: Safety and Security	10070	070	0 70	070	1170	1170	070	3,0		
Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	75%	25%	0%	0%		
Outcome C. Safeguards are in place to protect the										
person from harm.	100%	0%	0%	0%	83%	16%	0%	0%		
Domain 4: Rights, Respect and Dignity										
Outcome A. The person is valued, respected, and										
treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%		
Outcome D. Rights restrictions and restricted										
interventions are imposed only with due process.					66%	33%	0%	0%		
Domain 6: Choice and Decision-Making										
Outcome A. The person and family members are										
involved in decision-making at all levels of the system.										
	100%	0%	0%	0%	100%	0%	0%	0%		
Domain 9: Provider Capabilities and Qualifications										
Outcome A. The provider meets and maintains										
compliance with applicable licensure and provider										
agreement requirements.	100%	0%	0%	0%	50%	41%	8%	0%		
Outcome B. Provider staff are trained and meet job										
specific qualifications.	100%	0%	0%	0%	91%	8%	0%	0%		
Indicator 9.B.2.: Provider staff have received	10070	070	070	0 70	66%	070	070	33%		
Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	77%	22%	0%	0%		
Domain 10: Administrative Authority and Financial										
Accountability										
Outcome A. Providers are accountable for DIDD										
requirements related to the services and supports that										
they provide.	100%	0%	0%	0%	83%	16%	0%	0%		
	10070	J 70	J /0	J /0	0070	1070	J 70	0 /0		

### QA Summary for QM Report (thru 7/2017 data)

Performance Overvie	erformance Overview- Calendar Year 2017 Cumulative:											
Performance Level	Statewide	Day- Residential	Personal Assistance	Support Coordination	Behavioral	Nursing	Therapy					
Exceptional Performance	23%	30%	25%	N/A	11%	100%	9%					
Proficient	40%	35%	75%	N/A	56%	N/A	50%					
Fair	33%	35%	N/A	N/A	33%	N/A	33%					
Significant Concerns	1%	N/A	N/A	N/A	N/A	N/A	8%					
Serious Deficiencies	N/A	N/A	N/A	N/A	N/A	N/A	N/A					
Total # of Providers	117	91	4	N/A	9	1	12					

### **Day / Residential Providers:**

Note- Statewide and Cumulative / Statewide data in the table above sometimes exceed or are just below 100% due to the numerical rounding functions during calculations.

**Providers reviewed**East- Cumberland Mountain Industries, Meritan, Michael Dunn Center, Mountain Visions, Tri-County Center; Middle- Journeys in Community Living, Pacesetters, Volunteer Staffing / The Access Program; West- Behavioral Services of Tennessee, Omni Visions, C. S. Patterson, Brenda Richardson Memorial Care Homes.

### East Region:

Cumberland Mountain Industries, Inc.: The 2017 QA survey resulted in the agency receiving a score of 52. This places them in the Proficient range of performance. This is the same score that the agency received in 2016; however, the range for 2016 was Exceptional Performance. This decrease in range was specific to issues identified in Domain 3 (SC-PC). Also, an increase in compliance was identified in Domain 10 (PC-SC).

The provider should focus efforts to ensure the following:

Unannounced visits include weekends.

Personal funds accounts: 4 accounts were reviewed, 0 contained issues.

A Sanction Warning letter was sent to the provider on July 26, 2017 regarding New Hire Staff Qualifications.

Meritan, Inc.: The 2017 QA survey resulted in the agency receiving a score of 54. This places them in the Exceptional range of performance. This is the same score that the agency received in 2016.

Personal funds accounts: 4 accounts were reviewed, 1 contained issues. The provider should focus efforts to ensure:

• an adequate separation of duties for management of the person's funds is maintained, check numbers are listed on all deposits, and Cash Spending Logs are appropriately maintained.

Tri-County Center: The 2017 QA survey resulted in the agency receiving a score of 54. This places them in the Exceptional range of performance. This is the same score that the agency received in 2016.

Personal funds accounts: 4 accounts were reviewed, 2 contained issues. The provider should focus efforts to ensure: monthly bank account balances do not exceed the maximum allowed for eligibility, Personal allowance ledgers are utilized appropriately, A Sanction Warning letter was sent to the provider on July 26, 2017 regarding New Hire Staff Qualifications.

Mountain Visions, Inc. The 2017 QA survey resulted in the agency receiving a score of 54. This places them in the Exceptional range of performance. Compared to their 2016 survey results, this is a 2-point increase in compliance (52 - Proficient in 2016). This increase in compliance was specific to improvements identified in Domain 10 (PC-SC).

Personal funds accounts: 4 accounts were reviewed, 0 contained issues.

Michael Dunn Center: The 2017 QA survey resulted in the agency receiving a score of 50. This places them in the Proficient range of performance. Compared to their 2016 survey results, this is a 4-point decrease in compliance (54-Exceptional in 2016). This decrease in compliance was specific to issues identified in Domains 2 (SC-PC) and 10 (SC-PC).

The provider should focus efforts to ensure the following:

- Provision of services and supports are documented in accordance with the plan (This is a repeat issue Indicator 2.B.5).
- Staffing plans are present and contain no issues.
- A system that ensures the routine inspection of all agency owned vehicles is implemented.
- Medication administration records are appropriately maintained.
- There are sufficient staff who have received job coach training.
- Staff have received appropriate training.
- The agency provides and bills for services in accordance with DIDD requirements.

Personal funds accounts: 4 accounts were reviewed, 3 contained issues. The provider should focus efforts to ensure: images of checks written are maintained, personal allowance ledgers are utilized appropriately, and Personal Property Inventories are appropriately maintained.

A recoupment letter is forthcoming regarding issues with documentation that did not support the provision of the service. Most of the issues are related to the agency billing for Employment services when notes reflected that FB day was provided.

### Middle Region:

Journeys in Community Living- Day/Res, Medical Residential, and Personal Assistance: The exit conference was conducted on July 14, 2017.

Scored 48 Proficient on the 2017 QA Survey. Scored 46 Fair on the 2016 QA Survey.

- Domain 3 decreased from Substantial to Partial Compliance.
- Domains 4 & 10 increased from Partial to Substantial Compliance.
- Domains 5 & 9 remained Partial Compliance.
- Domain 3: Criminal Background and the State of Tennessee Registry checks were 97.6% compliant for the 42 new employees reviewed. Documentation inconsistently reflected the resolution of issues identified during the completion of unannounced supervisory visits for five of the seven homes reviewed during the survey process. A trend analysis of medication variance data was completed on a monthly basis; however, due to the large number of medication errors identified during the survey that had not been reported by the agency, this information could not be considered valid.
- Domain 5: Concerns were identified with physician ordered treatments and a nutritional substance being inconsistently provided due to unavailability, a piece of the equipment for a nebulizer was missing, and treatments did not occur per physicians' orders for two individuals reviewed. The required documentation was not submitted to the prescribing practitioner during reviews of psychotropic medications for two individuals in the sample.
  - Outcome 5.B. scored Minimal Compliance due to an ongoing pattern of medication errors being noted. Issues included medications not being administered, medications not being available in the home, incorrect dosages of sliding scale insulin being administered, and other unexplained omissions. In most cases, Medication Variance forms were not completed.

Domain 9: Training was completed per requirements with a compliance rating of 100% for all modules. Tenured Staff training was 100%

compliant for the 20 employees reviewed. The agency inconsistently

- completed the required unannounced supervisory visits to the residential sites. Visits were completed monthly to the Personal Assistance sites; however, documentation did not indicate if the visits were announced or unannounced.
- Domain 10: Minor billing issues were identified for one person receiving day services. A rate adjustment occurred. Two individuals'
  bank accounts were over the allowable threshold. Five individuals were reviewed for Personal Funds Management with no issues
  identified.

Pacesetters, Inc.- Day/Res, Medical Residential, and Personal Assistance:

The exit conference was conducted on July 14, 2017.

- Scored 48 Proficient on the 2017 QA Survey. Scored 48 Proficient on the 2016 QA Survey.
- Domain 9 decreased from Substantial to Partial Compliance.
- Domain 10 increased from Partial to Substantial Compliance.
- Domains 3 & 5 remained Partial Compliance.
- Domain 3: Criminal Background and the State of Tennessee Registry checks were 100% compliant for the 60 new employees
  reviewed. Fire drills were not documented as required for the Putnam County Day Center for seven out of twelve months.
  Documentation inconsistently reflected the resolution of issues identified during the completion of unannounced supervisory visits
  for the residential sites in Putnam County. One incident of under-reporting was identified and corrected during the survey process.
- Domain 5: While no systemic issues were identified with medication administration, an incident occurred where one person received the wrong medication and was hospitalized. One staff had a lapse in medication administration certification and continued to administer medications.
- Domain 9: Training was completed per requirements with a compliance rating of 100% for all modules with the exception of Medication Administration which was 97.7%. Tenured Staff training was 90% compliant or above for the 20 employees reviewed. Unannounced supervisory visits were not completed as required for the Putnam County Supported Living and Personal Assistance sites reviewed during the survey process.
- Domain 10: No billing issues were identified. Minor Personal Funds Management issues were identified for 4 out of 4 persons reviewed due to sales tax being applied to food stamp purchases.

Volunteer Staffing- Day/Res, Nursing, and Personal Assistance:

The exit conference was conducted on July 18, 2017.

- Scored 54 Exceptional on the 2017 QA Survey. Scored 54 Exceptional on the 2016 QA Survey.
- Domain 3: Criminal Background and the State of Tennessee Registry checks were 93% compliant for the 57 new employees reviewed.
- Domain 9: Training was completed per requirements with a compliance rating at or above 98% for all modules. Tenured Staff training was 90% compliant or above for the 20 employees reviewed.

Domain 10: A minor billing issue was identified for Community Based Day services for one individual for two days. A rate adjustment occurred. One minor Personal Funds Management issue was identified due to lack of maintenance of a receipt for 1 of 4 persons reviewed. One individual's account had over the allowable limit for two months.

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#### West Region:

Omni Visions – Day/Res provider scored 52 of 54 / Exceptional Performance on the QA survey exited 7/21/17. Compared to their 2016 survey results, this is a 4-point increase in compliance (48-Proficient in 2016) related to improvements identified in Domains 5 (PC-SC) and 9 (PC-SC) and issues noted in Domain 10 (PC-PC).

- The agency needs to ensure:
  - o Documentation of reportable incidents is complete; incidents are reported to all required parties timely;
  - o Informed consents for the use of psychotropic medications are completed timely and kept current;
  - Human Rights Committee reviews and, as required, approvals for the use of psychotropic medications are completed timely and kept current;
  - Tenured staff completes required training timely.
- Outcome 10A, billing, scored SC.
  - o For one person for PA service, overbilling of a few units of service was noted on three occasions.
  - o For three people, day service was occasionally billed when documentation presented did not support a six hour day.
- Outcome 10B, personal funds management, scored PC.
  - o Four out of six persons surveyed had checking account balances that exceeded the maximum allowed for eligibility.

Behavioral Services of TN – Day/Res provider scored 46 of 54/ Fair on the QA survey exited 6/16/17. Compared to their 2016 survey results, this is an 8-point decrease in compliance (54-Exceptional Performance in 2016) related to issues identified in Domains 2 (SC-PC), 4 (SC-PC), 9 (SC-PC) and 10 (SC-PC).

- The agency needs to ensure:
  - o Documentation supports the required number of staff are present;
  - CSMRs and CSQRs meet the administrative and clinical quality criteria included in the DIDD Behavior Services Work Product Review;
  - The agency's Crisis Intervention Policy is approved by a Human Rights Committee;
  - Documentation of reportable incidents is complete; incidents are reported to all required parties timely;
  - o Informed consents for the use of psychotropic medications and for ISP restrictions are completed timely and kept current;
  - Human Rights Committee reviews and, as required, approvals for the use of psychotropic medications and for ISP restrictions are completed timely and kept current;
  - o Medication Administration Records are maintained as required
  - Tenured staff completes required training timely.
- Outcome 10A, billing, scored PC.
  - o Issues were noted for two of the four people on the sample who received Supported Living services; no or isolated billing issues were noted for other services reviewed.
- Outcome 10B, personal funds management, scored PC.
- The agency needs to ensure
  - o Bank accounts are reconciled on reconciliation forms for each month.
  - o Personal allowance logs and food stamp information are maintained.
  - o Receipts for lawn care and general purchases are maintained.

C.S. Patterson – Day/Res provider scored 54 of 54/Exceptional Performance on the QA survey exited 7/20/17. This is the same score as the 2016 survey.

- The agency needs to ensure:
  - o Documentation of reportable incidents is complete; incidents are reported to all required parties timely;
  - o Expired medications are disposed of per agency policy
  - o Documentation supports unannounced supervisory visits of staff are completed in the required frequency
- Outcome 10A, billing, scored SC.
  - o For three people, day service was occasionally billed when documentation presented did not support a six hour day.
- Outcome 10B, personal funds management, scored PC.
  - o Two of four persons surveyed had checking account balances that exceeded the maximum allowed for eligibility.

Brenda Richardson Memorial Care Home – Day/Res provider scored 54 of 54/ Exceptional Performance on the QA survey exited 7/21/17. Compared to their 2016 survey results, this is a 2-point increase in compliance (52-Exceptional Performance in 2016) related to improvements identified in Domain 10 (PC-SC).

- The agency needs to ensure:
  - All new and tenured staff completes required trainings timely.
- Outcome 10A, billing, scored SC.
  - No billing issues were noted
- Outcome 10B, personal funds management, scored SC.

**Personal Assistance:** Providers reviewed East: no reviews; Middle: no reviews; West: Mic's Place.

### West Region:

Mic's Place – Provider of Personal Assistance and Day services for one person scored 50 of 54/Proficient on the QA survey exited July 7, 2017. Compared to their 2016 survey results, this is a 4-point decrease in compliance (54-Exceptional in 2016) related to issues identified in Domains 9 (SC-PC) and 10 (SC-PC).

- The agency needs to ensure:
  - o Continuation of DIDD exemptions that are time limited is requested before the exemption expires;
  - Training is completed timely by staff (a sanction warning is pending);
  - o Only units of service supported by documentation are billed; and
  - o The agency's self-assessment and quality improvement planning processes are updated to address findings of this review, as warranted.
- Outcome 10A, billing, scored PC as documentation did not support the number of units billed on numerous occasions; a letter of recoupment is pending.

**ISC Providers: Providers reviewed**: East- no reviews; Middle: no reviews; West- no reviews.

Clinical Providers: Nursing-Behavioral-Therapies

### **Behavioral Providers:**

**Providers**: Providers reviewed: East-no reviews; Middle- no reviews; West- Sympathetic Steps to Success.

### West Region:

Sympathetic Steps to Success – Behavior provider scored 32 of 36/Proficient on the QA survey exited 7/1/17. Compared to their 2016 survey results, this is a 2-point decrease in compliance (34-Proficient in 2016) related to issues identified in Domains 2 (SC-PC) and 9 (PC-PC).

- The agency needs to ensure:
  - o Annual Updates, CSMRs and CSQRs meet the clinical quality criteria included in the DIDD Behavior Services Work Product Review;
  - o Communication with the ISC is documented when changes to the ISP behavioral outcomes are needed
  - o Quality Improvement planning documentation reflects issues identified in the provider's self-assessment
- Outcome 10A, billing, scored SC.
  - Two isolated billing issues were noted.
- Outcome 10B, personal funds management, was not reviewed, as neither the provider agency nor any paid staff is involved in management of the persons funds

**Nursing Providers: Providers reviewed:** East- no reviews; Middle- no reviews; West- no reviews.

### Therapy Providers:

**Providers reviewed:**: East- no reviews; Middle- Focus on Function; West- no reviews.

### Middle Region:

Focus on Function- Occupational Therapy: The exit conference was conducted July 19, 2017.

- Scored 34 Proficient due to the requirement that Clinical Providers score. Substantial in Domain 2 in order to obtain an exceptional rating.
- Scored 36 Exceptional on the 2016 QA Survey.
- Domain 2 decreased from Substantial to Partial Compliance.
- Domain 2: Issues were identified with Staff Instructions containing recommendations for specific parameters that were not ordered by the individual's physician.
- Domain 3: There were no new employees hired during the review period.
- Domain 10: There were no billing issues identified.

### Follow-up on actions taken:

All survey findings are reported to the RQMC for review and determination of actions to be taken. RQMC recommendations are then reviewed by the SQMC for final approval.

### Special Reviews:

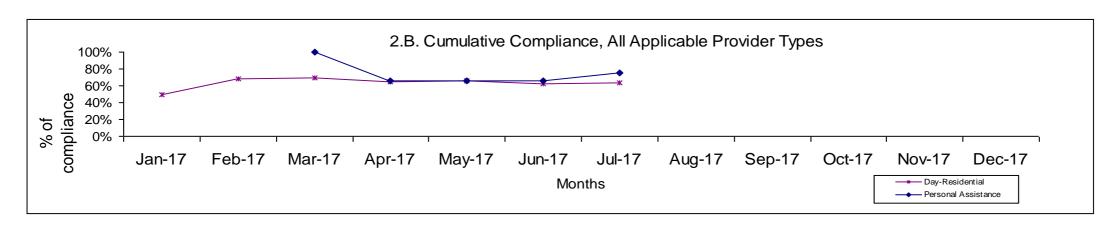
### Current Month:

Domain 2, Outcome B (Services and Supports are provided according to the person's plan.)

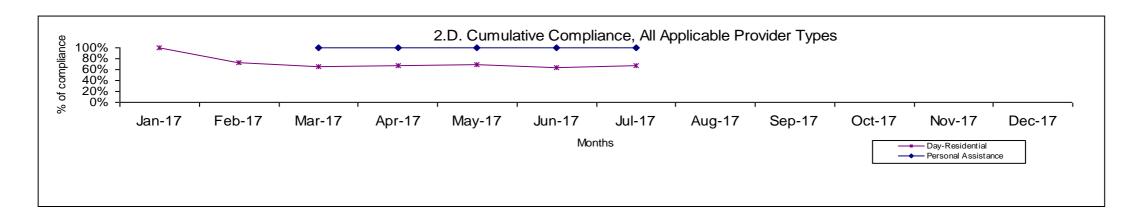
Domain 2, Outcome D (The person's plan and services are monitored for continued appropriateness and revised as needed.)

	2.B. % of	2.D. % of		
Provider Type	Providers in	Providers in		
	Compliance	Compliance		
Day-Residential	83%	91%		
Personal Assistance	100%	100%		

### Cumulative Data:



### Cumulative Data:

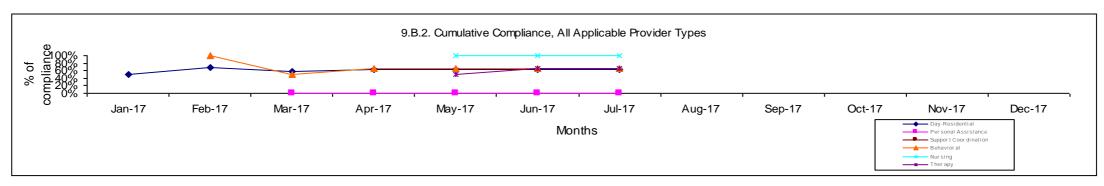


### Current Month:

9.B.2. (Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.)

	% of Providers				
Provider Type					
Trovider Type	in Compliance				
Day-Residential	66%				
Personal Assistance	0%				
Support Coordination	N/A				
Behavioral	N/A				
Nursing	N/A				
Therapy	N/A				

### Cumulative Data:



### Provider Qualifications / Monitoring (II.H., II.K.) Personal Funds

% Funds Deficient, Cumulatively

### **Data Source:**

Data collected for the personal funds information is garnered from the annual QA survey. The number of Individual Personal Funds reviewed is based on the sample size for each survey, approximately 10%.

Personal Funds - East	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	
of Individual Personal Funds Accounts				'	•			J	,			
Reviewed	1	8	28	24	15	19	20					
# of Individual Personal Funds Accounts	<u> </u>											1
Fully Accounted For	1	2	19	21	11	7	14					
# of Personal Funds Accounts Found	<u>-</u>											†
Deficient	0	6	9	3	4	12	6					
% of Personal Funds Fully Accounted for	100%	25%	68%	88%	73%		70%					
% of Personal Funds Found Deficient	0%	75%					30%					+
Personal Funds - Middle	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	D
# of Individual Personal Funds Accounts				<b>'</b>	,			J	'			╈
Reviewed	4	19	18	11	17	18	13					
# of Individual Personal Funds Accounts	•	1.0	1.0								<del>                                     </del>	+
Fully Accounted For	0	18	18	8	17	18	13					
# of Personal Funds Accounts Found		1 .	<del>                                     </del>		• • •						<del>                                     </del>	+
Deficient	4	1	0	3	0	0	0			1		
% of Personal Funds Fully Accounted for	0%	95%	100%	73%	100%	100%	100%					
% of Personal Funds Found Deficient	100%	5%	0%	27%	0%	0%	0%					+
70 OFF CISORALT WINDS FOUND DELICION	10070	370	0 70	21 /0	0 70	0 70	070			<u> </u>		
Personal Funds - West	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	D
of Individual Personal Funds Accounts				'	,			J	'			${}^{+}$
Reviewed	1	10	19	13	15	21	14					
# of Individual Personal Funds Accounts	•										<del>                                     </del>	+
Fully Accounted For	1	10	16	13	11	18	12					
# of Personal Funds Accounts Found	•	10					<u> </u>					+
Deficient	0	0	3	0	4	3	2					
% of Personal Funds Fully Accounted for	100%	100%	84%	100%	73%	86%	86%					
% of Personal Funds Found Deficient							14%					
% of Personal Funds Found Delicient	0%	0%	16%	0%	27%	14%	14%					
Personal Funds - Statewide	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	D
# of Individual Personal Funds Accounts				7 49 7 7	illely ! c			7 10.9	оор то		1101	干
Reviewed	6	37	65	48	47	58	47					
# of Individual Personal Funds Accounts		1 0,		10	1,		.,	<del> </del>			<del>                                     </del>	+
Fully Accounted For	2	30	53	42	39	43	39			1		
# of Personal Funds Accounts Found	<u> </u>					.0					<del>                                     </del>	+
Deficient	4	7	12	6	8	15	8			1		
% of Personal Funds Fully Accounted for	33%	81%	82%	88%	83%	74%	83%					
% of Personal Funds Found Deficient	67%	19%	18%	13%	17%	26%	17%					
% of Personal Funds Found Delicient	67%	19%	18%	13%	17%	20%	17%					
Cumulative Funds Data	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	D
# of Individual Personal Funds Accounts	Jan-10	1 60-10	IVIAI-10	7 γρι-10	iviay-10	Juli-10	Jui-10	/ tug <sup>2</sup> 10	OGP-10	O01-10	1400-10	+
Reviewed	6	43	108	156	203	261	308			1		
# of Individual Personal Funds Accounts	U	43	100	100	203	201	300				<del>                                     </del>	+
Fully Accounted For	2	32	85	127	166	209	248			1		
# of Personal Funds Accounts Found		32	00	121	100	209	<b>240</b>				<del>                                     </del>	+
Peficient	4	11	23	29	37	52	60			1		
% Funds Accounted for, Cumulatively	33%	74%					81%					

19%

18%

20%

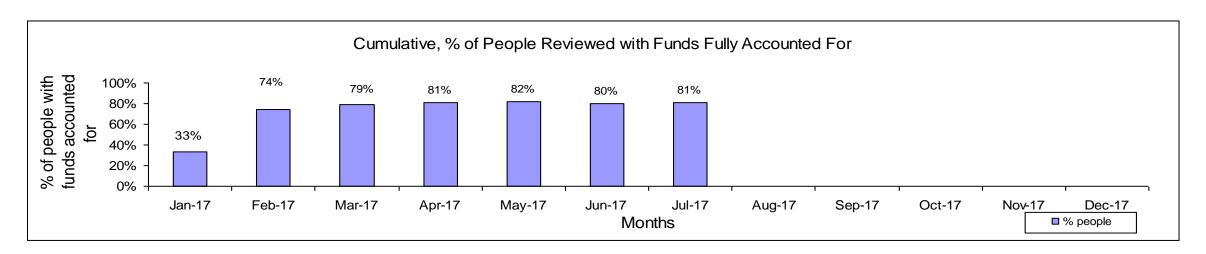
19%

26%

21%

67%

<u>Region</u>	% of Personal Funds Fully Accounted For
East	70%
Middle	100%
West	86%
Statewide	83%



### <u>Analysis:</u>

The criteria used for determining if personal funds are fully accounted for is tied to compliance with all requirements in the Personal Funds Management Policy.

See references under provider summaries above.

### Follow-up action taken from previous reporting periods:

The Quality Management Committee will continue to analyze data from this area to identify other ways to address concerns.